

FILE NO. VGEN.P-028-US

**COMBINED DECLARATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[x]joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND REAGENTS FOR TESTING FOR MUTATIONS IN THE BRCA1 GENE
the specification of which

(a) [] is attached hereto.

(b) [X] was filed on May 14, 1996 as Application Serial No. 08/649,950 and was amended on _____.

(c) [] was described and claimed in International Application No. _____ filed on _____ and amended on _____.

Acknowledgement of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

Continuation-In-Part Application

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)
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(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)
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Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746 and Marina T. Larson, PTO Reg. No. 32,038 of the firm of OPPEDAHL & LARSON, having office at 1992 Commerce Street, Yorktown Heights, NY 10598 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:
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109222T 125000T

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Claim for Priority

I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

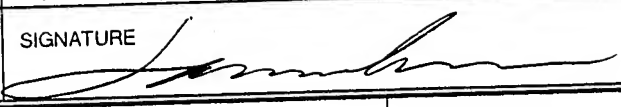
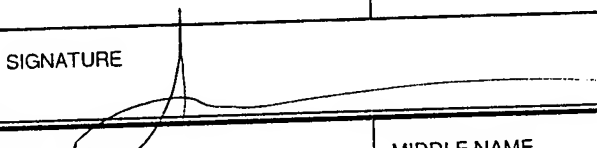
EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES[] NO[]
				YES[] NO[]
				YES[] NO[]

FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME SHIPMAN	FIRST NAME ROBERT	MIDDLE NAME
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DATE <i>July 4, 1996</i>		SIGNATURE <i>R Shipman</i>	

- [x] Signature for additional joint inventor attached. Number of Pages 1.
- [] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages .
- [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages .

NAME OF SECOND INVENTOR	LAST NAME LEUSHNER	FIRST NAME JAMES	MIDDLE NAME
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DATE		SIGNATURE	
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POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	

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